



# Healthy Start in Florida The Basics & Beyond. . .



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# Healthy Start in Florida

## The Basics & Beyond. . .

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Learning objectives:

1. Basic overview of Healthy Start(HS)– including reasons for coalitions.
2. Importance of HS Screening.
3. What is FIMR and why is the the foundation of Healthy Start?



# Prenatal & Infant Health Care Delivery System

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The legislative intent of Healthy Start is to *assure* that all pregnant women and all infants in Florida have access to the health care and services necessary to reduce their risks for poor birth, health, and developmental outcomes.



# **Prenatal and Infant Health Care Delivery System**

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Two primary laws related to Healthy Start:

- F.S. 383.011 – Administration of maternal child health programs
- F.S. 383.216 – Community-based prenatal and infant health care



# Healthy Start System Components

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- Healthy Start community-based prenatal and infant health care coalitions
- Healthy Start **universal** prenatal and infant risk screening
- Healthy Start care coordination and services
- MomCare
- Available in all areas of the state



# The Healthy Start Coalition

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- Coalitions were a **key feature** of the Healthy Start legislation (Chapter 383.216 FS).
- Rationale: Infant mortality is a **community** problem. It requires **community** involvement and the development of **local** solutions.
- Coalition purpose: **unify** communities around issue and **mobilize** resources.



# **The Healthy Start Coalition**

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- Healthy Start Coalitions are different
- Legislatively defined:
  - Membership
  - Mission
  - Scope of authority and
  - Accountability



## **Community-based prenatal and infant health care coalitions**

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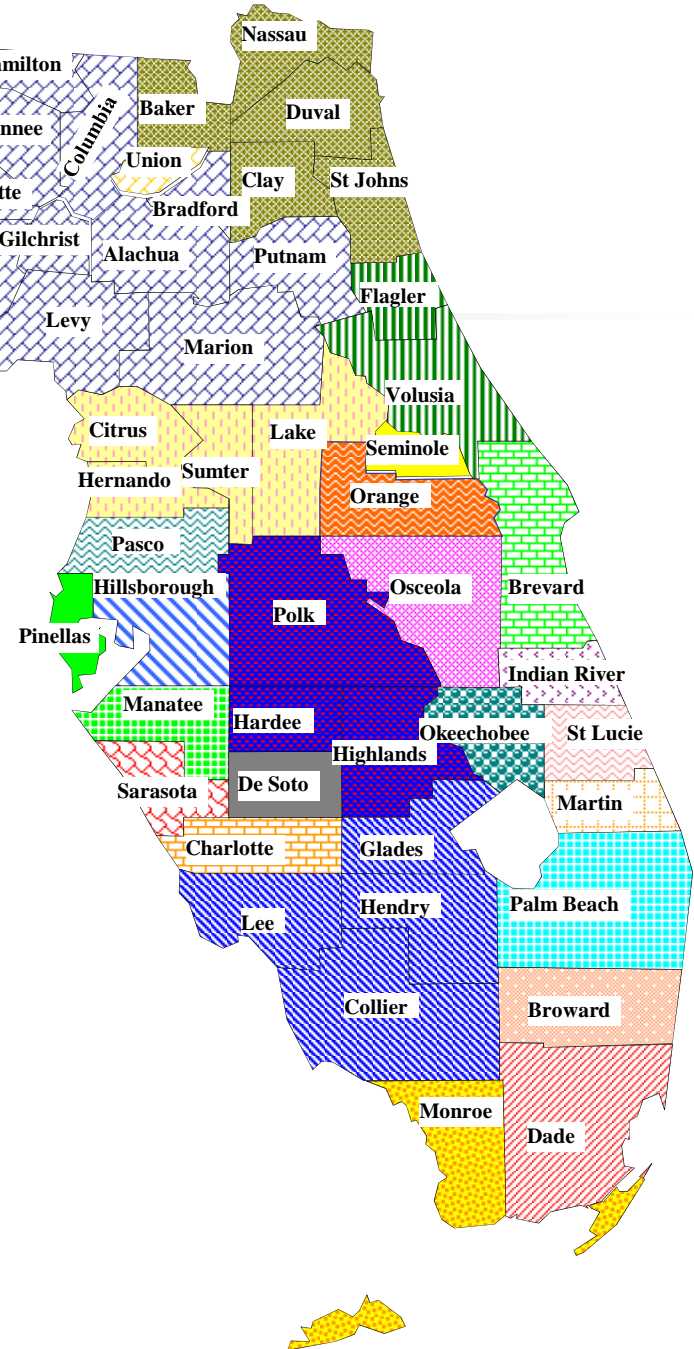
An alliance of private and public individuals or groups organized to assess needs, prepare plans, build community support, and ensure that services are sufficient, within available resources, to promote and support the health and well-being of pregnant women and their infants.





There are 31 Coalitions  
serving 67 counties

# Healthy Start Coalitions





# The Healthy Start Coalition

Specific tasks given in statute/rule to Healthy Start Coalitions:

- Develop **Service Delivery Plan** to ensure adequate and appropriate system of care
- Organize local provider **network** to deliver care
- **Allocate** state, federal & local **resources**
- Evaluate **effectiveness** of services
- Establish broad-based **community support** to address needs
- Implement **quality assurance** system



# Florida Association of Healthy Start

COALITIONS, INC.

[Home](#)[About Us](#)[Our Programs](#)[Legislative](#)[Events](#)[Committees](#)[Resources](#)

## Welcome to the Florida Association of Healthy Start Coalitions Website!

The Florida Association of Healthy Start Coalitions, Inc. is dedicated to strengthening maternal and child health by ensuring that all Florida families have access to a continuum of affordable and quality health and related services and advocating for public policy initiatives to facilitate those services.

### Local Resources

*Click here to find programs  
and services near you.*



be smart. be healthy.

right FROM THE start

Click here to learn more about a healthy  
pregnancy and a healthier baby.

Think **39** WEEKS!  
Healthy Babies Are Worth The Wait

Healthy Babies are [Worth the Wait](#) is a new public education and awareness campaign funded by the March of Dimes to raise awareness about the important development that occurs during the last few weeks of pregnancy. The aim of the campaign is to encourage women to allow labor to begin on its own if their pregnancy is healthy and dispel the myth that it's safe to schedule a delivery before 39 weeks of pregnancy without a medical need.

Contact the Florida Association of Healthy Start Coalitions, Inc.  
Florida Association of Healthy Start Coalitions, Inc.  
2600 East Bay Drive, Suite 205, Largo, Florida 33771  
Phone: 727 507-6330 Fax: 727 507-6331  
[Contact FAHSC](#)



# MomCare/SOBRA

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- Care management for Medicaid pregnant women
- Assistance with choosing a health care provider
- Assistance with obtaining appointments
- Referrals to WIC and Healthy Start
- Help with any special needs
- Referrals to community resources
- Health information for the family
- Assistance with pediatrician for the baby
- Help with obtaining health care coverage for the baby and Family Planning Waiver services for the mother.



# **The Healthy Start Risk Screen**

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- Healthy Start Prenatal Risk Screen designed to identify women at increased risk for preterm or low birth weight infants.



## Help your baby have a healthy start in life!



Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are confidential. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)\*

Today's Date: \_\_\_\_\_

1. Have you graduated from high school or received a GED?
2. Are you married now?
3. Are there any children at home younger than 5 years old?
4. Are there any children at home with medical or special needs?
5. Is this a good time for you to be pregnant?
6. In the last month, have you felt down, depressed or hopeless?
7. In the last month, have you felt alone when facing problems?
8. Have you ever received mental health services or counseling?
9. In the last year, has someone you know tried to hurt you or threaten you?
10. Do you have trouble paying your bills?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

11. What race are you? Check one or more.

☐ White ☐ Black ☐ Other \_\_\_\_\_

12. In the last month, how many alcoholic drinks did you have per week?

\_\_\_\_\_ drinks ☐ did not drink

13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)

\_\_\_\_\_ cigarettes ☐ did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?

☐ pregnant now ☐ pregnant later ☐ not pregnant

15. Is this your first pregnancy?

☐ Yes ☐ No If no, give date your last pregnancy ended:  
Date: (month/year) \_\_\_\_\_

16. Please mark any of the following that have happened.

- ☐ Had a baby that was not born alive  
☐ Had a baby born 3 weeks or more before due date  
☐ Had a baby that weighed less than 5 pounds, 8 ounces  
☐ None of the above

PATIENT INFORMATION

Name: First _____ Last _____ M.I. _____	Social Security Number: _____	Date of Birth (mo/day/yr): _____	17. Age: <input type="checkbox"/> <18
Street address (apartment complex name/number): _____	County: _____	City: _____ State: _____	Zip Code: _____
Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____	Best time to contact me: _____	Phone #1 _____	Phone #2 _____

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

\* If you do not want to participate in the screening process, please complete the patient information section only and sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LMP (mo/day/yr): _____	EDD (mo/day/yr): _____	18. Pre-Pregnancy: Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____	<input type="checkbox"/> < 19.8 <input type="checkbox"/> > 35.0
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# The Healthy Start Risk Screen

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- Infant risk screen designed to identify infants at increased risk of *post-neonatal mortality*
- Post-neonatal mortality is the number of babies who die between 29 and 365 days of life per 1,000 live births.
- Post-neonatal mortality reflects the health of the newborn and reflects the health status and treatment of the pregnant mother and infant after birth.



# INFANT RISK SCREEN

Use ink. Be certain to check the appropriate boxes at the top of the birth certificate.



Pursuant to § 383.14(1)(b) and 383.011(1)(e), F.S., this form must be completed for each infant and submitted to the local County Health Department, Office of Vital Statistics.

## MOTHER

Mother's Name: First			Last			Maiden		
Mother's Date of Birth			Mother's Social Security Number					
Infant's Name: First			Last			Infant's Date of Birth		
						Boy		
						Girl		

## INFANT

Name of Infant's Doctor/ HMO or Group: \_\_\_\_\_ Name of birth hospital/facility: \_\_\_\_\_  
 Was the infant transferred? ☐ No ☐ Yes If Yes, enter name of facility transferred to: \_\_\_\_\_  
 Was the infant admitted to neonatal intensive care unit for more than 24 hours? ☐ No ☐ Yes ☐ Unknown

### SECTION 1: COMPLETED BY PATIENT

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (please initial) I am interested in having my infant screened for risks that could affect his/her health or development in the first year of life.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (please initial) If my infant is referred, Healthy Start may contact me.

I can be reached at (home phone): \_\_\_\_\_ or (work or contact phone): \_\_\_\_\_

Street Address: \_\_\_\_\_  
 (Give either street address with bldg #, apt.# or lot# or directions to baby's home)

Mailing Address: \_\_\_\_\_  
 (if different from street address)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (please initial) By initialing yes, I am giving my written permission on behalf of my infant for release of the confidential information on this form and any information provided during his/her evaluation for service by Healthy Start to Healthy Start care coordination providers, Healthy Start Coalitions, Healthy Families Florida, WIC, and my health care providers for the following purposes: care coordination, payment of claims for services, quality improvement of services, or screening for program eligibility. This includes any medical, mental health, alcohol/drug abuse, sexually transmitted disease, tuberculosis, HIV/AIDS, and adult or child abuse information. This authorization shall remain in effect unless withdrawn in writing.

Signature of parent or guardian

Date (mo/day/yr)

### SECTION 2: BY PROVIDER

Item numbers correspond to the numbers on the Birth Certificate. Write the point(s) on the appropriate lines, and add for the total score.

- |  |   |  |
|--|---|--|
| Item 54                                      | ④ | Abnormal conditions include one or more of the following: Assisted Ventilation (30 min. or more), Assisted Ventilation (6 hrs. or more), NICU admission, newborn given Surfactant Replacement Therapy, Hyaline Membrane Disease/RDS, or seizure or serious neurological dysfunction. |
| Item 4                                       | ④ | Birthweight less than 2000 grams or less than 4 pounds, 7 ounces   |
| Item 28b                                     | ④ | Infant transferred within 24 hours of delivery   |
| Item 15                                      | ① | Mother unmarried   |
| Item 26                                      | ① | Principal source of payment Medicaid   |
| Item 31                                      | ① | Maternal race black  |
| Item 19                                      | ① | Father's name not present or unknown   |
| Item 40                                      | ① | Mother used tobacco in one or more trimesters  |
| Item 36d                                     | ① | Prenatal visits less than 2 or unknown   |
| Item 16                                      | ① | Maternal age less than 18 or unknown   |
| _____ Infant's Healthy Start Screening Score |   |  |

CHECK ONE

- ☐ Referred to Healthy Start  
 If score less than 4 specify reason for referral: \_\_\_\_\_  
☐ Not referred to Healthy Start





# Healthy Start Care Coordination

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- Risk identification, explanation and notification of available services
- Health information and education
- Assessment of service needs
- Care coordination
  - Family Support
  - Modeling behavior
  - Referrals
  - Linkages
  - Home visiting



# Other Healthy Start Services

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- Childbirth education
- Breastfeeding education and support
- Psychosocial counseling
- Tobacco cessation counseling
- Parenting education and support
- Developmental screening
- Family Support Planning
- Interconception Education and Counseling
- Nutrition Counseling



# FIMR (Fetal and Infant Mortality Review)

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- **National FIMR** began in 1990 as a collaborative effort between the American College of Obstetricians and Gynecologists and the Federal Maternal and Child Health Bureau.
- Since it was first introduced in the late 1980's, Fetal and Infant Mortality Review (FIMR) has been a dynamic, community process. FIMR has enjoyed continued growth and refinement as more communities have used it. Today, there are over two hundred FIMR programs.
- Different types of agencies sponsor the FIMR program including city and county health departments, local hospitals, regional perinatal centers and community based maternal and child health coalitions.
- Florida adopted the FIMR model in 1992. Many of the state's Healthy Start Coalitions have been contracted by the State of Florida to implement FIMR locally. There are twelve FIMR projects statewide organized under Florida Statutes 766.101 and funded by the State of Florida Department of Health.



# **FIMR** (Fetal and Infant Mortality Review)

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## **FIMR is:**

- A strategy to close the gap in health disparities at the community level
- A timely and valuable source of information about changing health care systems and how they affect real families trying to access them
- A form of continuous quality improvement that allows communities to assess the performance of systems and the impact of changes in those systems
- A voice for local families who have lost their baby
- A tool that helps local health officials implement policies to safeguard families
- FIMR Projects are countywide efforts to better understand the issues associated with fetal and infant mortality and morbidity and to develop strategies that improve perinatal systems of care, locally and statewide.
- FIMR identifies strengths and areas for improvements in overall services systems and community resources for women, children and families. FIMR also provides direction towards the development of new policies to safeguard them.



# Questions?

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Thank  
You!